

Frequently Asked Questions

Who should obtain an NPI?

Any health care provider or organization defined as a covered entity under HIPAA is required to obtain an NPI. Providers who transmit health care information via HIPAA standard electronic transactions are covered entities under HIPAA, whether they transmit the transactions themselves or use a vendor to transmit them.

Even if you don't send electronic transactions from your practice, an NPI may be needed to identify you in other situations, such as when another provider wants to refer a patient to you, a pharmacy needs to bill for drugs you prescribed, a hospital needs to bill for a patient you treated or admitted, or a lab needs to bill for services you ordered. You will also need an NPI if you bill Medicare on paper forms.

What is the difference between a covered entity and a non-covered entity?

Health care providers who transmit standard electronic transactions (for example, claims submissions, referrals, etc.) are covered entities and are required by the HIPAA NPI regulations to apply for and receive an NPI prior to the May 23, 2007, compliance date. Acquiring an NPI is optional for non-covered entities (providers who do not submit standard electronic transactions).

What are the significant dates associated with applying for and using an NPI?

May 23, 2007: By this date, all health care providers who utilize HIPAA standard electronic transactions *must* have an NPI. Providers who do not utilize HIPAA standard electronic transactions *may* have an NPI.

May 23, 2007: By this date, Aetna and all other large health plans and payers must have the capability to use the NPI to identify providers in standard electronic transactions.

What will an NPI do?

As of May 23, 2007, it will:

- replace all other provider identifiers previously used by health care providers (for example, UPIN, Medicare/Medicaid numbers, etc.).

- establish a national standard and unique identifier for all health care providers.

- simplify health care system administration and encourage the electronic transmission of health care information.

What will an NPI not do?

As of May 23, 2007, it will not:

- replace the tax identification number (TIN), which is an IRS requirement.

- convey information about the provider (for example, provider type, service location, etc.).

- guarantee reimbursement by health plans.

- enroll providers in health plans.

Does that mean a “non-Health Care Provider” cannot conduct EDI? No, conducting

EDI does not determine if the provider is providing health care services or not. A transportation provider may use EDI. Since a transportation provider cannot get an NPI, a different primary identifier must be used.

How will I know when Rhode Island Medical Assistance (RIMA) will begin to accept NPI submissions? RIMA plans to notify providers 3 months in advance of the actual starting date of the transition implementation, of the systems initial acceptance of NPI numbers.

Once an NPI is obtained, can a provider start using it? No. System changes must occur before an NPI can be accepted by RIMA. If an NPI is used in lieu of a Medicaid Provider ID in a claim prior to RIMA' readiness announcement, it will be denied.

The National Plan and Provider Enumeration System (NPPES) require a Taxonomy Code for an NPI application to be processed. Where do I get the Taxonomy information? The NPPES has multiple screens that provide for selection of a provider type code and classification name / area of specialization. Certain taxonomy selections will require you to enter your license number and the state where the license was issued. A list of taxonomy selections that require license information is supplied by the application. There are also NPI Application Help screens to assist you.

Where can additional information about HIPAA NPI regulations be found?

See the CMS website: www.cms.hhs.gov/hipaa/hipaa2/regulations/identifiers/default.asp.

CMS has also consulted with the Workgroup for Electronic Data Interchange (WEDI) in the development of standards and for comments on data dissemination and other issues. WEDI has formed several workgroups consisting of representatives from all areas of the health care industry. See published "white papers" on various topics and other information on the WEDI website: www.wedi.org.